

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

3:15-1020 DE# 3  
David Rivera  
1250 Poydras St., Suite 325  
New Orleans, LA 70113

## 2. Article Number

(Transfer from servi

7014 1820 0000 3493 4673

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

Agent  
 Addressee

## B. Received by (Printed Name)

Timothy Once

C. Date of Delivery  
10-26-15

D. Is delivery address different from item 1?  Yes  
 NO YES, enter delivery address below:  No

**RECEIVED**

OCT 30 2015

U.S. DISTRICT COURT  
MICHIGAN DISTRICT COURT  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013

Domestic Return Receipt